



## Allied Health • Medical Transportation

### July 2006 • Bulletin 369

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### 2006 CPT-4/HCPSC Updates: Implementation November 1, 2006

The 2006 updates to the *Current Procedural Terminology – 4<sup>th</sup> Edition* (CPT-4) and Healthcare Common Procedure Coding System (HCPSC) National Level II codes will be effective for Medi-Cal for dates of service on or after November 1, 2006. The affected codes are listed below. Only those codes representing current or future Medi-Cal benefits are included. Please refer to the 2006 CPT-4 and HCPSC Level II code books for complete descriptions of these codes. Specific policy, billing information and manual replacement pages reflecting these changes will be released in a future *Medi-Cal Update*.

#### HCPSC Level II Code Additions

##### Durable Medical Equipment and Supplies

A4604, A9281, E0170, E0171, E0641, E0642, E0705, E0911, E0912, E1392, E2207 – E2215, E2218 – E2226, E2371, E2372, K0734 – K0737

##### Orthotic Procedures and Devices

L0491, L0492, L0621 – L0640, L0859, L2034, L2387, L3671 – L3673, L3702, L3763 – L3766, L3905, L3913, L3919, L3921, L3933, L3935, L3961, L3967, L3971, L3973, L3975 – L3978

##### Prosthetic Procedures and Appliances

A6513, A6542, A6544, L5703, L5858, L5971, L6621, L6677, L6883 – L6885, L7400 – L7405

#### HCPSC Level II Codes with Description Changes

##### Durable Medical Equipment and Supplies

A4632, A6550, A7032, A7033, A8033, E0240, E0463, E0464, E0637, E0638, E0935, E0971, E1038, E1039, K0669

##### Orthotic Procedures and Devices

L1832, L1843 – L1846, L2036 – L2038, L2405, L3215 – L3217, L3219, L3221, L3222, L3230, L3906, L3923, L8010

#### HCPSC Level II Code Deletions

##### Durable Medical Equipment

A6551, E0972, E1019, E1021, E1025 – E1027, K0064, K0066 – K0068, K0074 – K0076, K0078, K0102, K0104, K0106, K0452

##### Orthotic Procedures and Devices

K0619, K0630 – K0649, L0860, L1750, L2039, L3963

##### Prosthetic Procedures and Appliances

L8210, L8230

### **DOT Services May Be Billed Directly to Medi-Cal**

Effective for dates of service on or after August 1, 2006, HCPCS code Z0318 (Directly Observed Therapy [DOT]) may be billed directly to Medi-Cal for services provided to Medicare/Medi-Cal crossover recipients. A Medicare denial is not required because DOT is not a covered Medicare benefit. *This updated information is reflected on manual replacement page medi non hcp 1 (Part 2).*

### **CCS Service Code Groupings (SCG) Update**

Retroactive for dates of service on or after July 1, 2004, a number of codes are added to the California Children's Services (CCS) Service Code Groupings (SCGs) 01, 02, 03 and 07. In addition, code 99359 is end-dated for dates of service on or after July 1, 2006.

**Reminder:** SCG 02 includes all the codes in SCG 01; SCG 03 includes all the codes in SCG 01 and SCG 02; and SCG 07 includes all the codes in SCG 01. These same "rules" apply to end-dated codes.

*The updated information is reflected on manual replacement pages cal child ser 5, 12 and 15 (Part 2).*

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## Instructions for Manual Replacement Pages

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## Part 2

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Remove and replace: cal child ser 5/6, 11/12, 15/16  
medi non hcp 1/2